

HISTORY FACILITY PROFILE

UTAH STATE VETERANS NURSING PROVIDER #: 465150 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 700 FOOTHILL BOULEVARD PHONE NUMBER: (801) 584-1900 TOTAL: 81
 SALT LAKE CITY UT 84113 PARTICIPATION DATE: 09/21/2000 CERTIFIED: 81 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/23/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 81			
-----		-----		-----			
TOTAL:	78	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	2	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	0			81			
OTHER:	76						

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY 05/2000	S/S CODE	PRIOR 1 SURVEY 08/2001	S/S CODE	CURRENT SURVEY 10/23/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	E				REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	E						REQ F0241-DIGNITY
		X	E						REQ F0272-COMPREHENSIVE ASSESSMENTS
						X P	E	12/06/2002	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
		X	E			X P	E	12/06/2002	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	E				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
						X P	B	12/06/2002	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
				X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	E				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	E						REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
		X	D						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
				X	E				REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	85 NEW PRIOR 2 SURVEY 05/2000	85 NEW PRIOR 1 SURVEY 08/2001	85 NEW CURRENT SURVEY 10/29/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X				K0018-CORRIDOR DOORS
	X				K0025-SMOKE PARTITION CONSTRUCTION
			X P	11/15/2002	K0033-EXIT PARTITIONS
	X				K0050-FIRE DRILLS
			X P	11/15/2002	K0052-TESTING OF FIRE ALARM
	X		X P	11/15/2002	K0061-MAIN SPRINKLER CONTROL
		X			K0072-FURNISHING AND DECORATIONS
		X			K0075-WASTEBASKETS
			X C	10/29/2002	K0104-PENETRATIONS OF SMOKE BARRIERS
	X				K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
-----	-----	-----	-----	-----
CONDITION	0	0	0	0
REQUIREMENT	3	5	5	0
HEALTH TOTAL	3	5	5	0
LIFE SAFETY CODE	4	2	5	0
LIFE SAFETY CODE + HEALTH	7	7	10	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
-----	-----
03/26/2001	SUBSTANTIATED
04/19/2001	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT